

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094458

**FILED**  
**Jan 18, 2005**  
**Secretary of State**

**Entity Name:** ACCIDENTAL INJURY AND HEADACHE TREATMENT CENTER, INC.

**Current Principal Place of Business:**

350 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

14838 SOUTH MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Mailing Address:**

601 N CONGRESS AVE  
SUITE 417  
DELRAY BEACH, FL 33445

**FEI Number:** 65-0823966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STANGER, JEFFREY L  
14838 SOUTH MILITARY TRAIL  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

STANGER, JEFFREY L  
601 N CONGRESS AVE  
SUITE 417  
DELRAY BEACH, FL 33445 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

01/18/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** STANGER, JEFFREY L  
**Address:** 14838 SOUTH MILITARY TRAIL  
**City-St-Zip:** DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** STANGER, JEFFREY L  
**Address:** 601 N CONGRESS AVE  
**City-St-Zip:** SUITE 417, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JEFFREY L STANGER

D

01/18/2005

Electronic Signature of Signing Officer or Director

Date